AMENDED FILING COVER SHEET

Amended File Title	Amended Explanation						
Actuarial Opinion Data Capture	Reporting software incorrectly transposed the Actuary's name within the statement file.						



ANNUAL STATEMENT

For the Year Ended December 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

Wausau Business Insurance Company

NAIC Group Code	0111	0111	NAIC Compa	ny Code	26069	Employe	r's ID Number	36-3522250	
Organized under the Laws of	rent Period) Wisco	(Prior Period)			State of Domicile or Port	of Entry	Wisconsin		
Country of Domicile	United States of A			,	State of Dominicile of Port	OI EIIU y	VVISCOTISITI		
Incorporated/Organized:	Officed States of 7		ber 27, 1907		Commenced Busin	1688.	December 27,	1907	
Statutory Home Office:	2000 Westwo		301 21, 1301		, Wausau, WI	54401	December 21,	1301	
			et and Number)		,		State and Zip Code)		
Main Administrative Office:	2000 Wes	stwood Drive							
				(Stre	eet and Number)				
	Wausau,		wn, State and Zip Code)		715-845-52 (Area Code) (To	211 elephone Numbe	ır)		
Mail Address: Post	Office Box 8017	(Oity of To	vii, otate and zip oode)		, Wausau, WI	54402-8017	1)		
			er or P.O. Box)		, <u></u> ,		State and Zip Code)		
Primary Location of Books and Records: 175 Be		175 Berke	eley Street Boston, MA				617-357-9	500	
			(Street and Number)		(City or Town, State and Zip	Code)	(Area Code) (Telep	hone Number)	
nternet Website Address:	www.wau								
Statutory Statement Contact:	Joanr	ne Connolly	(Name) 617-357-9500 x4439 (Name) (Area Code) (Teleph			x44393 elephone Numbe			
	.loanr	ne.Connolly@Liberty				617-574-5955			
			(E-Mail Address)				ax Number)		
			OFF	ICERS					
		Namo	011	IOLINO	Title				
1.	Susan Marie Do	Name yle#		Pr	resident and Chief Operating Of	ficer			
2.	James Stanley F	,			ce President-General Counsel a				
3.	Laurance Henry	Soyer Yahia		Vi	ce President and Treasurer				
			VICE DI	DECIDENTO					
N				RESIDENTS			-	241 -	
Name Michael Lynn Parker #		EVD CM Field One	Title	Timosthy	Name	•		itle	
Eugene Bernard Kelly		EVP GM Field Ope SVP GM Eastern D		Timouty	Charles Mulloy	<u> </u>	SVP GM Signature Div	VISIOII	
Eugene Bernara Reny		OVI GIVI Editorii E	William						
			DIRECTORS	OD TOUG	TEEC				
Anthony Alexander Fentance		Sugan Maria Dayle					Edmund Eronoia Kolly		
Anthony Alexander Fontanes Dennis James Langwell		Susan Marie Doyle Christopher Charle			Robert Legg # Paul Condrin, III #		Edmund Francis Kelly		
Denins James Langweii		Offistopher Offarie	5 IVIAIISIICIU	Janes	aui Conunii, iii #				
				-					
						— –			
				-					
				-					
	 -								
State of Wisconsin									
County of Marathon	ss								
The officers of this reporting entity	being duly sworn, e	each depose and say	y that they are the describe	ed officers of said	I reporting entity, and that on th	ne reporting perio	od stated above, all c	of the herein describe	
assets were the absolute property	of the said reporting	ng entity, free and cl	ear from any liens or claim	ns thereon, exce	ot as herein stated, and that th	is statement, toç	gether with related ex	chibits, schedules ar	
explanations therein contained, and	nexed or referred to,	, is a full and true sta	tement of all the assets and	d liabilities and of	the condition and affairs of the	said reporting er	ntity as of the reporting	g period stated abov	
and of its income and deductions the							•		
o the extent that: (1) state law ma		=	•	· -	= :	-	-		
nowledge and belief, respectively.		-	=		·	-	•		
except for formatting differences d	ue to electronic illini	g) of the enclosed st	atement. The electronic hiir	ig may be reques	sted by various regulators in liet	a or or in addition	to the enclosed state	ement.	
(0:				(0:			(0:)		
(Signature) Susan Marie Doyle			(Signature) James Stanley Hoffert			(Signature) Laurance Henry Soyer Yahia			
	•					Lo		Tallia	
(Printed N 1.	a111 5)		(Pr	rinted Name) 2.			(Printed Name) 3.		
President and Chief Operating Officer			Vice President-General Counsel and Secretary			Vi	ce President and Tre	asurer	
(Title	· •			(Title)			(Title)		
Subscribed and sworn to before me	this				a. Is this	an original filing?		[]Yes [X]No	
2nd day of February		, 2009			b. If no:	1. State the ar	mendment number	2	
						2. Date filed		03/13/2009	
							pages attached	2	
			_				J		